

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | | | | | | | | | | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|--------------|-----|-----|-----|-----|-----|-----|-----|-----|
| | IND | DEP | IND | DEP | IND | DEP | | IND | DEP | IND | DEP | IND | DEP | IND | DEP |
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| 3 | 1 | | | | | | 3 | | | | | | | | |
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| 5 | | 2 | | | | | 5 | | | | | | | | |
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| 50 | | | | | | | 50 | | | | | | | | |
| TOTAL IND | 2 | | | | | | TOTAL IND | | | | | | | | |
| TOTAL DEP | 9 | | | | | | TOTAL DEP | 3 | | | | | | | |
| TOTAL CLAIMS | 11 | | | | | | TOTAL CLAIMS | 3 | | | | | | | |

14/2